



TFW \$2153

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/041,839	
	Filing Date	October 22, 2001	
	First Named Inventor	Glen J. ANDERSON	
	Art Unit	2153	
	Examiner Name	Aaron N. STRANGE	
Total Number of Pages in This Submission	13	Attorney Docket Number	GTW-0105

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Petition <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Deposit Acct 50-0439 authorization is provided with Amendment.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	McGrath, Geissler, Olds & Richardson, PLLC		
Signature			
Printed name	Scott Charles Richardson		
Date	May 1, 2006	Reg. No.	43,436

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature	-- N/A: hand carried --		
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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AMENDMENT FEE TRANSMITTAL LETTER

Attorney Docket No:
GTW-0105

Application Serial Number:
10/041,839

Filing Date:
October 22, 2001

Examiner:
Aaron N. STRANGE

Art Unit:
2153

Invention: SYSTEM AND METHOD FOR GROUP CONTENT SELECTION

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	NO. OF EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	23	MINUS	21	2	\$50	\$ 100.00
INDEP. CLAIMS	2	MINUS	3	0	\$200	\$ 0.00

X Petition is hereby made under 37 CFR 1.136(a) to extend the time for response to the Office Action of _____ to and through _____, comprising an extension of the shortened statutory period of:

X one month (\$120.00) _____ three months (\$1,020.00)
 _____ two months (\$450.00) _____ four months (\$1,590.00)

TOTAL ADDITIONAL FEE FOR THIS AMENDMENT

1. _____ A check for the amount of \$ _____ is enclosed.
2. X The Director is hereby authorized to charge \$ 220 to cover the payment of the fee(s) indicated to Deposit Account No. 50-0439 . A duplicative copy of this form is enclosed.
3. X The Director is hereby authorized to charge any deficiency in the payment of the required fee(s) or credit any overpayment to Deposit Account No. 50-0439 .
4. _____ Payment by credit card. Form PTO-2038 is attached.
5. _____ Additionally, enclosed herewith is (are): _____.

May 1, 2006
date

Scott Charles Richardson

Scott Charles Richardson
Reg. No. 43,436

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-- hand carried -- Total Pages 13 Enclosed
 Scott Charles Richardson, Reg. No. 43,436